



APRIL: TIME DOCUMENTATION FORM

Name: _____

Please Print

Location: _____ Grade(s): _____ # Kids _____

Week 1 (Apr 5-9): I spent _____ hours teaching nutrition.

Week 2 (April 12-16): I spent _____ hours teaching nutrition.

Week 3 (April 19-23): I spent _____ hours teaching nutrition.

Week 4 (April 26-30): I spent _____ hours teaching nutrition.

Total hours this month: _____

Please indicate how many times (not X's or check marks) you taught the following nutrition/physical activity topics this month (can be any length of time & can be taught more than once a day)

#	Topic	#	Topic
	Fat Free & Low Fat Milk or Equivalent (and Alternative Calcium Sources)		MyPyramid – Healthy Eating Plan
	Fats and Oils		Physical Activity
	Fiber Rich Foods		Promote Healthy Weight
	Food Shopping / Preparation		Sodium & Potassium
	Fruits & Vegetables		Whole Grains
	Lean Meat & Beans		Hand washing/food safety
	Limit Added Sugars or Caloric Sweeteners		

Note: Topics taught at separate times should each be counted separately. However, if any two topics from MyPyramid are taught together (fruits & veggies, whole grains, milk, meats & beans), they should be counted as MyPyramid not as individual topics. **For example,** if Fruits & Veggies are taught in one session and Whole Grains are taught in a separate session then these would be counted separately. If they were both taught together in the same session then it would be counted as MyPyramid.

Estimated Length of Sessions:	
Shortest:	
Longest:	

Employee Signature _____

Date _____

Kid Zone Supervisor Signature _____

Date _____

www.eatwellbewell.org

Forms should be turned in at the end of each month to your designated staff member or the Kid Zone mailbox at your school. For questions or concerns contact: Kim Williams at (480) 350-5447, kim.williams@tempe.gov or Brandon Hernandez at (480) 350-5409, Brandon.Hernandez@tempe.gov. Thank you for your participation.